

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 572007

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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37	1					
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40	1					
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42	1					
43	1					
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49						
50						
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	35	↔		↔	↔	
TOTAL CLAIMS	43	██████████		██████████	██████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS	██████████		██████████	██████████	██████████	██████████